Case 2:06-cv-01079-WI	SENDER: COMPLETE THIS SE	ECTION 12/1	COMPLETE THIS SE	1 of 1	/CDV
	 Complete items 1, 2, and 3. A item 4 if Restricted Delivery is Print your name and address of so that we can return the card Attach this card to the back of or on the front if space permits 	desired. On the reverse to you.	A. Signature X. Qunch B. Received by (Prin	ted Name	☐ Agent☐ Addressee
	Influffundfulfulfulfulfulfulfulfulfulfulfulfulfulf	30	ary address enter delive	different from item ery address below:	17 Yes No
	2. Article Number	7000	3. Service Type Gentified Mail Registered Insured Mail 4. Restricted Delivery?	· ·	t for Merchandise
	(Transfer from service label) PS Form 3811, February 2004	7005 182		281P	102595-02-M-154(
	 SENDER: COMPLETE THIS SECTION Complete items 1, 2, and 3. Also item 4 if Restricted Delivery is defined and address on so that we can return the card to the back of the lack of the lac	complete esired. the reverse	A. Signature X. D. W. B. Received by (Printed)	Sory	Agent Addressee Date of Delivery
`.	IIIIIII.II		r address dif	ferent from item 1? address below:	78/06 Yes No
			☐ Registered ②	Dexpress Mail Return Receipt for	
-	Article Number (Transfer from service label) PS Form 3811, February 2004	7005 1820 Domestic Return	0005 3467 9	2786	☐ Yes
			- Compt		02595-02-M-154C